



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/625,226	
Filing Date	7/24/2000	
First Named Inventor		
Group Art Unit		
Examiner Name		
Attorney Docket Number		

I hereby revoke all previous powers of attorney or authorizations of agent given in the above derived application:					
X A Power of Attorn	ney or Authorization of Agent is submitt	ed here	with.	DEC 1 8 2002 Technology Center 2600	
OR					
Please change the correspondence address for the above-identified application to:					
☐ Customer l	Number -			Place Customer Number Bar Code Label here	
OR			L		
Firm <i>or</i> Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			
I am the:					
Applicant/Inventor	r.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name	a Meyers				
Signature 23	a Dhyry				
Date 05.	24.02				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total offorms	s are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

2625

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE er the Capenago Bacuction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filling) Application Number Filing Date 07/24/2000 First Named Inventor Group Art Unit Examiner Name Oscilor 28/000

Technology Center 2000 Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) Assignment Papers After Allowance Communication Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Licensing-related Papers Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please Extension of Time Request Address identify below): Terminal Disclaimer **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) . Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Glenn L. Webb Individual name Signature 12/07/2002 Date

CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 12/09/2002						
Typed or printed name	Glenn L. Webb	-				
Signature	I Om Malak	Date	12/09/2002			